

1. NEEDS IDENTIFICATION

Description of Training Need: _____

Description of Target Audience: _____

Number of Employees to be Trained: _____

Topic, Course Title (STC Course #): _____

*For additional information, see <http://www.dpa.ca.gov>***2. PRELIMINARY STC CONTACT**

George Steinert, (916) 324-4063

Course # and Title: _____

Susan Coats, (916) 324-4055

Instructor Name: _____

Tracey James, (916) 324-4052

Instructor Phone: _____

Obtain Information about Class Size and Tuition Rates from STC

Minimum: _____ Maximum: _____

Start Time: 8:15 a.m. or _____ End Time: 4:30 p.m. or _____

Tuition Rate: _____

Travel & Per Diem Information: _____

Customize Rate (if needed): _____

Comments: _____

Note: Transactions resulting from the referral are to be completed through the STC office and, except for dates, are not to be negotiated with instructors. Instructors are STC contractors and are not at liberty to negotiate rates. The State Training Center will invoice your department for services rendered.

3. CONTACT INSTRUCTOR

Need to Customize? If yes, describe the need to the instructor and obtain a time estimate for course modification.

Obtain Available Dates From Instructor: _____

Request Instructor A/V Equipment Needs: _____

Confirm Room and A/V Equipment: _____

Confirm Dates with Instructor: _____

Customize Time Needed: _____

4. PLACE TRAINING ORDER WITH STC

Note: You must call STC with this information AT LEAST 30 DAYS prior to the scheduled training date. If customization is needed, more than 30 days may be required. After your call, STC will send a special registration form for your signature and confirm all arrangements IN WRITING. When you receive the written confirmation from STC, sign the form(s) and send them back to STC immediately.

Requestor's Department _____

Requestor's Name _____

Office Name _____

Address _____

City, State, ZIP _____

STC Cust No: _____

Phone: _____

Fax: _____

E-mail: _____

For each session, provide course info & location:

Course #: _____

Course Title: _____

Date(s) of training: _____

Street Address of training: _____

Room #: _____

City: _____

On-site Contact Name: _____

"Ship to" address:

Dep't Name: _____

Office Name: _____

Contact Name, Attn: _____

Street Address & Room #: _____

City, ST ZIP: _____

Want Certificates? ☐ Yes ☐ No

Customization Time: _____

Phone _____

Special Instructions: _____